

Beth Israel Hospital Boston

Report 1993-94



The way we were and the way we're going...
Full page picture: The hospital's front entrance in 1959. Inset: The new Clinical Center, scheduled to open in 1996.

Message from Mitchell T. Rabkin, MD President

A clear-eyed view of today's real world is called for if Boston's Beth Israel is to maintain its place at the forefront of academic health centers, outstanding in both scholarship and service, in a time of historic change and unprecedented challenge. The economics of health care payment have evolved so dramatically that now, in addition to Beth Israel's high standards of service and scholarship in health care, practical reality obliges us also to think of delivery of that care as not only a service but a valuable commodity in an increasingly competitive marketplace. This view has become necessary if we are to maintain the vigor and excellence of this institution – if we are to sustain our most basic goals.

We must ensure that in this new environment we maintain and enhance our position as the most attractive health care option both to patients and to payers, as well as to the best of health professionals, to the entire spectrum of hospital personnel, to trustees and other volunteers, and to the communities we serve.

In taking on the challenges of a difficult and unpredictable new era, however, it is important that we not lose sight of the remarkable strides being taken here today,

and the accomplishments that speak so eloquently of the character and dedication of the hospital and its people.

The strength of most hospitals begins with their base of primary care physicians loyal to them and thus from the loyalty of patients to each individual doctor. We are blessed in that regard, with a long history of well-established internists and obstetrician/gynecologists located in many of the communities we serve, and another accomplished cohort of primary care physicians based on-site. Even more impressive is the fact that over the past 18 months, 22 more internists and obstetrician/gynecologists have chosen to develop a primary affiliation with Beth Israel Hospital. Some two dozen more are in the wings, and will join the BI medical staff in the coming months. Among them are both young professionals at the start of their careers, and those who come from busy affiliations with other hospitals – physicians all wanting for both their patients and themselves the advantages of the various benefits we think of collectively as “*The Beth Israel Experience.*”

What are these advantages? Importantly, we are an institution large enough to enjoy high competence in virtually every area while small enough that neither patients nor physicians feel lost in uncaring bureaucracy. More than size alone, however, it is attitude that is the key – the way that physicians, nurses, other employees, and trustees feel

about being a part of the BI Family, and about their roles in sustaining the qualities that make BI so special for both patients and those who care for them. Things at BI tend in general to work well, and when they don't, fixing them isn't impossible. Most telling is the fact that our clinical medicine is in the top echelon of American hospitals, and BI nursing is recognized internationally as the best there is. These are important qualities in a world where so many payers view care as merely a product to be manufactured ever more cheaply, more standardized, with less and less thought of the human touch.

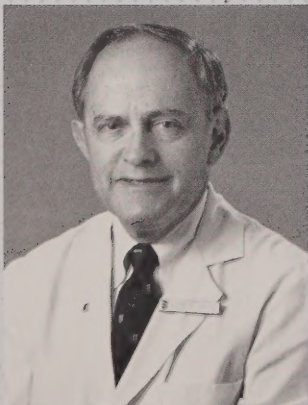
What makes BI so different? Simply put, it is the experience people have when they are cared for here, when they visit a patient, when they call for information, and when they work or volunteer at BI. The difference can be seen in the many letters I receive. One patient writes, for example, “*You might want to consider bottling whatever magic is happening at Beth Israel and offering it to other large institutions. I have never been treated with more dignity, respect, and kindness by a bureaucratic organization. Of course, bureaucracies are only as good as the individuals in them....*”

Another patient writes: “*The nurses and doctors of Feldberg 7A are due the highest possible praise for their warmth, caring, and professional expertise in the care of my*

Dr. Rabkin

Medical Care Center Opening

Beth Israel Ranked Among Leaders
in Customer Relations



Mitchell T. Rabkin, MD
President and Chief Executive Officer



The Beth Israel Hospital and Children's Hospital Medical Care Center in Lexington opened in October 1993 and provides outpatient services to both adults and children.

BEST
of the
Best

AN ARTHUR D. LITTLE COLLOQUIUM

Beth Israel was selected as a leader in customer relations at a *Best of the Best* colloquium sponsored by the international consulting firm of Arthur D. Little.

beloved late wife.... The housekeepers, transportation personnel who brought her to x-ray, the people who brought her meals, the technicians who drew her blood, those in admitting and the emergency room – everyone, in fact, of your great hospital staff – are to be commended for the very warm, loving care given to my dear wife. I could look the world over and not find a finer hospital than the Beth Israel....”

And it is not only patients or families grateful for the care received who express strong feelings about the BI. Letters come from employees who want to recognize another department or an employee who has gone out of his or her way, and from visitors expressing gratitude for the kindness and assistance of individuals who fulfill various roles in their work at the hospital. Over the years, I have received many comments on what we have come to think of as *The BI Experience*. These letters carry a common message: Beth Israel is a warm and caring place of high technical competence, and it makes a distinct impression.

While American medicine is grappling with changes on many fronts – economic pressures, new technologies, unprecedented alliances among institutions – some things remain the same, and well they should. Key among lasting values for Beth Israel is an unflagging commitment to being a special place of excellence, and to ensuring that *The Beth Israel Experience* remains one of quality, comfort, and personal care.

Meeting The Challenges: Bold Steps Into The Future

Tremendous changes in the way health care is evolving and the advent of managed care as part of health insurance and delivery are important issues that face all hospitals today. To meet these challenges Beth Israel has chosen the course of stepping boldly forward.

The building of The Clinical Center, the development of Research North, and the hospital's expansion into localities beyond Boston symbolize its view of the future: a health care system that continues to deliver sophisticated, effective, high quality care, but in a manner that places great importance on being accessible, efficient, “user friendly and hassle free.” In an era that has come to accept institutions as giant, impersonal bureaucracies, this combination of care of the highest technical quality provided in a warm and personalized environment is Beth Israel's greatest appeal to the public and doctors and other providers of medical care.

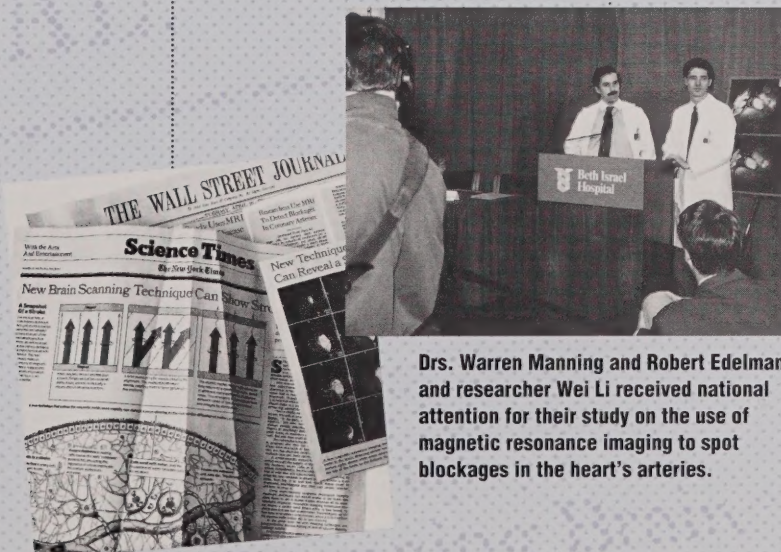
A Shift in Medical Practice

The Clinical Center being built at the corner of Brookline and Longwood Avenues exemplifies a landmark shift in the hospital's clinical practice. With shorter hospital stays now common and more care being given on an ambulatory (outpatient) basis, Beth Israel today is as much an outpatient health care center as it is an inpatient hospital.



L to R: Frank Sullivan, vice president for facilities planning, Dr. Mitchell T. Rabkin, president, and Robert Flack, project manager of The Clinical Center, review plans at the construction site.

Making Headlines



Drs. Warren Manning and Robert Edelman and researcher Wei Li received national attention for their study on the use of magnetic resonance imaging to spot blockages in the heart's arteries.

"Today we have a greater appreciation of the vertical nature of the health care system," says Dr. Mitchell T. Rabkin, Beth Israel president. "The center of existence is not that episode in the hospital but what happens during the rest of the patient's illness and recovery – before and after the hospital." And, he adds, "Maybe the hospital stay isn't even involved." Building The Clinical Center, Rabkin says, represents a reordering of health care practice – a change from episodic, acute, and fragmented to lifetime care, meaningful continuity, and a focus on prevention and good health.

As more operations and treatments are performed on an outpatient basis, different systems for meeting the needs of the ambulatory patient will be developed, surgeon Dr. Leon Goldman points out. "We will need different ways of following people on the outside, to provide them with clear lines of communication after ambulatory care. We will need ways of monitoring events that used to be monitored in the hospital and we will need new education programs. We're starting to design these now.

"The Clinical Center is the physical symbol of the hospital's new way of thinking," adds Goldman, who is director of laparoscopic and endoscopic surgery. "Although much of the hospital will remain the same," he says, "in the coming years what is called Beth Israel Hospital will be The Clinical Center and what is currently thought of as the inpatient side will largely be where we have people stay a day or two."

The way in which the new building is organized represents still another change, particularly for patients, caregivers, and staff. The Center was designed with its users in mind. The environment will be both pleasant and efficient. Instead of being scattered throughout a maze of buildings, outpatient services for the first time will be available in one place, with computer systems and care plans devised to save patient and staff time and to make each patient visit "hassle-free." There will be no long corridors or large, impersonal waiting rooms.

"The principal concept of the new building is to give patients the feeling of a small, intimate private practice," explains Frank Sullivan, vice president for facilities planning. He points out that the Beth Israel primary medical care practice, Healthcare Associates, and each medical or surgical specialty clinic will have its own space in The Clinical Center, with its own reception staff, and waiting and exam rooms. The building also will house an eight-room ambulatory surgery suite, a radiology/nuclear medicine center, and an entirely self-contained ambulatory surgical pavilion. It also will include laboratory services, a pharmacy, a small cafe, and a new, leading-edge development: the Patient and Family Learning Center devoted to extending the patient's knowledge and reassurance both before and after the hospital experience.

Clinical departments that now are scattered all over the hospital, such as cardiac surgery, vascular surgery, urology, gynecology, ophthalmology, orthopedics, plastic surgery, and podiatry, will be consolidated more rationally in the new Clinical Center. "The new building will give us more flexibility in setting schedules and using space," observes Anne Fladger, administrative director for the department of surgery and a member of one of the hospital's user groups that helped plan the new Center. "Instead of the patient being directed to many different places or even different buildings, one person will handle everything for the patient for that office visit."

"We are delighted that with the new Center patients will not have to traipse all over the campus to see their health care team," adds Maureen McCausland, RN, former associate vice president of nursing and now vice president of nursing at New York's Mount Sinai Medical Center. "Because the new system will make patient visits go more smoothly, nurses will be able to spend less time on administrative support work – it should make care more cost-effective."

Since Beth Israel developed the primary care nursing concept 20 years ago, each BI patient has had a primary nurse who works with the physician and other staff members to develop a nursing plan of care. It is the primary nurse who is responsible for making sure her/his plan is followed and for seeing that nursing works well in providing continuity in the

Marketing the BI Cardiac Center

"I was shocked to find out I had an arrhythmia which caused my heart to beat out of control. Working with Dr. Josephson, I had a distributor implanted and it has actually saved my life."

saved my life

on two different occasions. In fact, six months after having the distributor placed, I ran the Boston Marathon. From Kase. After going through an experience like this, I can certainly hear the facts and a lot better."

For your free Cardiac Risk Assessment and Guide to Cardiac Health, call the Beth Israel Hospital Extension Line.

(800) 535-5356

Beth Israel Cardiac Center

Beth Israel Hospital • 210 Broadway • New York, NY 10011



Beth Israel launched a series of print and television ads profiling Beth Israel Cardiac Center patients.

Take Our Daughters to Work Day



For the past two years Beth Israel parents have participated in *Take Our Daughters to Work Day*, an idea introduced by the Ms. Foundation to help raise girls' self-esteem and to show them the many career opportunities available to women.

patient's care. An important part of this nurse's task is to help educate incoming patients and to be a professional resource along with the physician in answering their questions before and after treatment. In recent years, as patients are being sent home from the hospital earlier and more treatments and operations are done on an ambulatory basis, primary nursing is working to extend greater continuity of care from inpatient to ambulatory status, not an easy task but one that will call for even greater coordination and cooperation among physician, nurse, and patient.

In recognition of the fact that the need for primary nursing and patient education is growing in tandem with the increase in ambulatory patients, the Patient and Family Learning Center will be part of The Clinical Center. It will allow the nursing service to expand its educational efforts in teaching patients and families about their illness, how to meet their needs (including personal needs and those focused on by the physician), and when to call for assistance. Not only do surgical patients need to know what to expect after their operation but family members as well must learn how to care for the post-operative patient. In addition, the Learning Center will teach families how to care for stroke patients, educate diabetics about managing their disease, and guide cardiac patients toward changes in lifestyle. There will be room for nurses to demonstrate how to handle a bedridden patient, and how to use special equipment or manage intravenous therapy.



The hospital's expansion goes beyond new buildings. Its Nurse-Midwifery Program, for example, reaches out to a diverse patient population in new geographic areas.

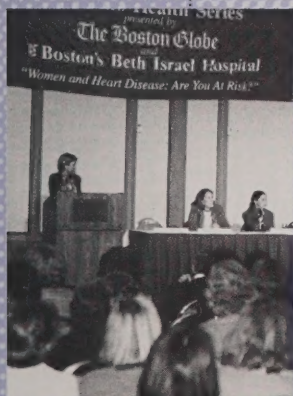
Planning The Clinical Center

The Clinical Center will be especially important to medical education. A great deal of student and house officer training will move to the Center with its outpatient programs. "You need to have the right geography to be able to do that so the house staff and faculty can practice together," points out Dr. Robert Glickman, chief of medicine. "Teaching in an ambulatory care environment is going on now but, because there's not enough room, one practices while the other can only observe."

For this reason, "space for teaching and staff consultation had to be included in the building plans without adding expense," notes architect Martha L. Rothman, president of Rothman Rothman Heineman Architects Inc. "Examining rooms that are slightly larger than usual and a small conference room in each practice unit were the answer." Because Healthcare Associates will be the home base for many of its primary care providers, the plans also include office space on the floor for key staff.

Planning for The Clinical Center involves many people. Working with the architectural team are two dozen teams representing those who will be working in the new building, including the physicians, nurses, administrators, and the concierge, registration, and reception staffs. User groups began meeting in early 1991 and are still at work, although now they are dealing with greater

The Boston Globe Women's Health Series



Beth Israel, along with *The Boston Globe*, sponsored a three-part educational health series on women's health issues, attended by over 3,000 people. The second and third forum focused on menopause and heart disease.

Left (seated in center): Holly Gail Atkinson, MD, medical correspondent for the *Today Show*, spoke on women and heart disease.

Above: Mary Catherine Bateson, PhD, author of *Creating a Life*, spoke on menopause.

New Health Plan Option Launched



Beth Israel, in an innovative partnership with Pilgrim Health Care, launched *Beth Israel Preferred Care* – The

Quality Standard for Good Health. This new option not only reduces cost to both employees and the hospital but encourages employees to use the excellent physicians and services at Beth Israel without restricting access to other providers.



Providing appropriate space for educating tomorrow's physicians is a key element in The Clinical Center's design.

levels of detail. Patients, the ultimate users, also participated in the planning process as members of focus groups and through ambulatory patient satisfaction surveys.

"Hopefully we'll be able to provide services that are better oriented toward our ability to practice efficiently and also better serve the needs of our patients, by being organized in a way that is more centered on each patient's needs," says Dr. Harvey Makadon, co-director of general medicine and primary care. He notes that the hospital faces a huge challenge in trying to develop systems that allow it to provide quality primary care on an individualized basis, fulfill its mission as an educational institution, and make it sufficiently efficient to participate in managed care programs. In "managed care," insurance companies and other health care payers retain the right to review the type of care being given, instead of allowing health care providers the authority to proceed solely as they wish.

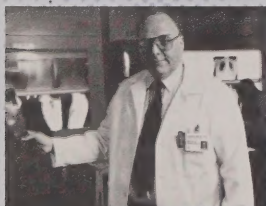
"Important to the planning is thinking through systems that would make each Clinical Center visit a smoothly-orchestrated experience," says Sandra Fenwick, vice president for clinical services, planning and development, and head of The Clinical Center planning process. A new way of handling patient visits is being developed to supplement the hospital's other special qualities, she notes, further demonstrating its concern for patient convenience and comfort. This approach

is being tested in a pilot program at Beth Israel Hospital and Children's Hospitals' new Lexington Medical Care Center and at a Healthcare Associates satellite office at 333 Longwood Avenue.

Under the new system an ambulatory visit will operate something like this: A person scheduled for a doctor's visit or for surgery will have the appointment verified by telephone about a week beforehand, to avert last-minute problems regarding insurance coverage or other information. This will replace the registration process that now has the patient going from office to office, having to give the same information more than once. When ambulatory surgery is scheduled, the patient will come in about three days beforehand for any necessary tests and to talk to the anesthesiologist. On the day of the actual visit, the patient will briefly validate the information when he or she checks in.

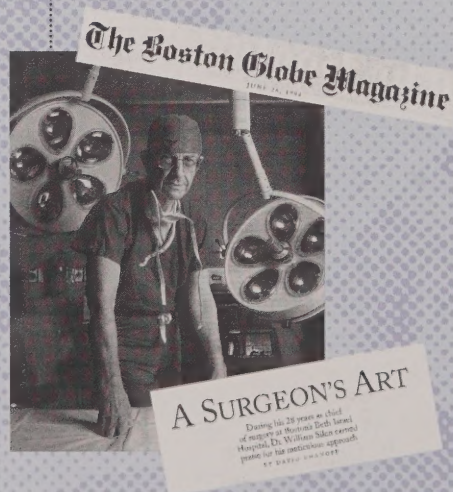
In addition, staff members are being trained to help patients with any questions they may have during their visit, including finding referral services that are included under their particular insurance plan, locating specialists if necessary, arranging for tests or second visits, and resolving any difficulties with insurance coverage if necessary. "We are hoping to create a model of care for patients that results in a consistent experience for them in all the departments of the new Center," says Sarah Turner, administrative director of the division of general medicine and primary care.

Radiology Chief Appointed



Dr. Herbert Y. Kressel was appointed radiologist-in-chief and Miriam H. Stoneman Professor of Radiology at Harvard Medical School.

Chief of Surgery Featured



Dr. William Silen, surgeon-in-chief, is featured in *The Boston Globe Magazine*.

Major Donor Celebration



The annual major donor celebration, held each year at the Museum of Fine Arts, featured a presentation on Beth Israel's neonatal intensive care unit.

Follow-up appointments can be made while the patient is still at the Center. Practitioners in The Clinical Center will be on a common registration and scheduling system and, ultimately, will be part of an on-line medical record system.

To help make The Clinical Center easy to visit, there will be ready access by elevator from a central lobby on Brookline Avenue, that also will connect with a patient drop-off circle on Binney Street, as well as a 750-car underground garage. Many examining rooms and waiting areas will be flooded with light through a four-story atrium and the generous use of windows. The atrium will occupy part of the original structure of the former Massachusetts College of Art, with the new construction rising behind and above the facade of the historic art school. There will be two connectors to the main hospital – a walkway on the second floor for main pedestrian traffic and one on the third floor for surgical patients and staff, to connect the ambulatory surgery pavilion with the inpatient operating rooms.

Why an Ambulatory Care Center?

Two major reasons drove the decision to build a center designed specifically for delivering outpatient health services:

Ambulatory care is growing but space to accommodate it in the hospital has not. The hospital's longstanding medical and surgical outpatient programs need more space to continue to provide care. In addition, to strengthen the hospital's patient base, the network of primary care physicians who use BI and refer patients to the hospital is being enlarged, thanks to growing interest on the part of both doctors and patients to make Beth Israel their home base.

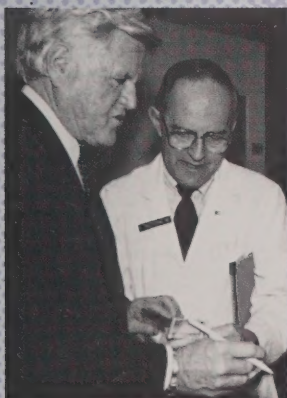
The second reason for the new Center goes beyond the fact that our medical and surgical programs are physically scattered, and that we have no room for handling more patients. Current accommodations suffer from serious systems problems – crowded waiting rooms, less than adequate privacy, limited space for support staff, and few places for physicians to consult with one another. Some patients considered ambulatory today often are sicker and require more sophisticated care than did patients of years past. Even though the hospital has spent substantial funds to accommodate changing medical needs, the demands of new regulations, and new reimbursement models, space is still in short supply.

"Economics is driving the way we practice medicine," explains executive vice president David Dolins. Because insurance plans favor ambulatory treatment, "right now 55 percent of our surgery is ambulatory day surgery. In the new Center, over time, it may reach 80 percent," Dolins adds.

Without space to allow for an increase in ambulatory patients, it would be difficult for the hospital to remain fiscally sound, Dolins notes. "Without a modest profit we can't buy new technology, we can't renovate old buildings or build new ones, we can't stay current, and we can't care for those who have no resources to pay. We're in business, but it's the business of taking care of other human beings. That's the only reason we're here."

To achieve pre-eminence in providing ambulatory care services in Boston, the Center will provide the operating systems, practice management, and juxtaposition of primary and specialty care that are found in the best multi-specialty group practices. According to chief financial officer Eugene C. Wallace, at a time when the flow of income is being slowed by other factors, "continuing to offer services that are perceived to be better than our competitors is important to secure a greater market share." This can be accomplished, he notes, "by offering doctors and patients services and facilities that are attractive and better. We've had to think through systems that will work well for both patients and physicians."

BI Hosts Health Forums

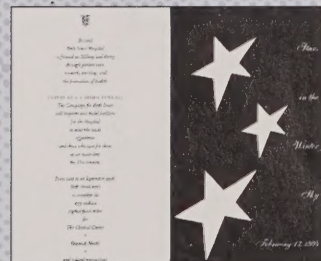


Beth Israel hosted several health care forums, each providing different views on President Clinton's health care reform plan.

Left: Sen. Edward Kennedy with Dr. Mitchell T. Rabkin.

Above: Sen. Phil Gramm, left, with Gov. William Weld.

Palm Beach Fundraising Event



Over 200 guests attended the annual fundraising event in Palm Beach, Florida. Keynote speakers included Dr. William Silen, surgeon-in-chief, Dr. Rosemary Duda, chief of surgical oncology, and Dr. Mitchell T. Fink, chief of trauma and surgical critical care.

Reaching Out

In 1993, BI handled 214,000 outpatient visits. After The Clinical Center opens, this number is projected to rise to 300,000 primary and specialty care visits per year by 1998. Having more space – more examining rooms, more waiting rooms, additional lab facilities, a pharmacy – will make it easier to expand the physician and patient base.

Between 150 and 180 community physicians have admitting privileges at Beth Israel. Most are primary care physicians – internists, and obstetricians and gynecologists who often act as primary physicians for women. “Primary care physicians serve as entry points into a health care system and, in the managed care systems now favored by many insurance companies, are considered the gatekeepers and overseers of care,” says Sandra Fenwick. To strengthen and increase its network of primary care providers by another 40 to 50 physicians, BI will maintain its ties with several large primary care groups in Brookline, Chestnut Hill, and Jamaica Plain, making available a range of development and management services, including assistance in finding additional physicians. The hospital will add to their ranks by offering these services to other practices that want to join the

BI family. It also expects to expand its base outside the immediate Boston area, with efforts such as the Lexington Medical Care Center, an outpatient facility owned and operated jointly with Children’s Hospital in Boston, and the expansion or development of new primary care practices north and south of Boston and in the inner city, in conjunction with neighborhood health centers.

The obstetrics and gynecology department also expects to increase the number of patients it serves. With additional space in The Clinical Center the hospital will be able to enlarge its genetics screening and counseling capacity, infertility program, and health services for older women. Beth Israel’s Nurse-Midwifery Program and its high-risk obstetrical service also are growing. “The challenge we face is that like all physicians we are being forced by new types of reimbursement plans to see more patients in the same amount of time,” says Dr. Benjamin Sachs, chief of obstetrics and gynecology. “To continue to provide the kind of care we can be proud of takes increased efficiency,” which Sachs believes the new Clinical Center and the expansion efforts will facilitate.

The hospital also is strengthening its longstanding relationships with several Boston health centers: Roxbury Comprehensive, Dimock, Fenway, East Boston, and South Cove community health centers. It is offering them assistance

with marketing, fundraising, credit enhancement, implementing new regulations, and finding staff and space.

In addition to the variety of management services BI is offering to primary care practices, the hospital will have the asset of a new Clinical Center designed “to create a consistent experience from patient to patient from the first point of contact,” says Sandra Slarsky, director of marketing. And to improve BI’s accessibility, an access group composed of the administrators of the medical departments has focused on building pathways and removing roadblocks between patients and the services they seek.

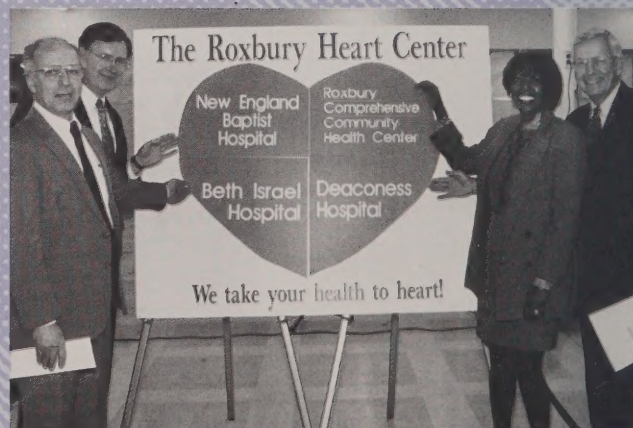
Among the pathways is the expanded Beth Israel Doctor Line, a centralized physician referral service that helps a caller make emergency or regular appointments. Its goal is to be able to offer a caller an emergency appointment within 48 hours or a regular appointment in about two weeks. Since it expanded less than 12 months ago, calls have doubled. Another point of access is the Beth Israel Health Information Line, staffed by nurses and using a protocol-driven computer system, accessible by telephone seven days a week. Both of these referral sources of information are programmed to help support the hospital’s network of community physicians.

Newly Elected Mayor Menino Visits BI



On his second day in office, Boston Mayor Thomas M. Menino met with hospital president Dr. Mitchell T. Rabkin as well as several employees while visting the hospital's cafeteria.

Roxbury Heart Center Takes Shape



Beth Israel, Deaconess, and New England Baptist Hospitals have joined together with the Roxbury Comprehensive Community Health Center to create the Roxbury Heart Center, a cardiac prevention and treatment center designed to treat medically at-risk inner city residents.

Unique Approach to Construction

To build The Clinical Center quickly and economically, the Beth Israel facilities planning and engineering division chose to augment its staff by hiring the Beacon Company as the owner's construction representative rather than hire a large internal staff. Because of the complexity of the construction process (completing a five-level garage below grade while at the same time completing a multi-story building above grade), the hospital had more need than ever for accurate, knowledgeable advice and guidance, from the start of the design process, through construction, and right on to completion and occupancy. An integral by-product of the construction management approach is "fast tracking" the construction project. This technique, referred to as phased construction, is very effective in shortening the overall time required to design and construct a building. Basically, "fast tracking" involves starting construction before the design plans are completed. For instance, work on the construction of foundations and the garage began before the hospital finalized the design of the building's exterior. "Fast tracking gives the designers more time to consider all the building's uses and allows us to make changes right up until we are ready to

award the contract for finishing the interior," states vice president Frank Sullivan. "It saved us close to a year on the construction schedule." "Fast tracking" not only expedites construction, but has significant impact on costs. As each portion of the design is complete, the work is advertised for bid. By dividing the project into more manageable sub-projects, the field of qualified contractor candidates is expanded, resulting in more competitive bidding and better pricing.

When The Clinical Center is finished, shifting most outpatient visits to the new building "will decompress the main hospital and will allow the expansion of services for all patients, such as the gastroenterology unit, the pain management unit, and hematology/oncology," adds Robert Flack, project manager for The Clinical Center. The reduced patient pressure will permit the facilities staff to renovate and expand a number of departments. "We've grown a lot and have had to retrofit equipment into existing space, some of which is woefully inadequate," Flack says. "Now we'll have enough room and be able to add appropriate examining and consulting rooms on the inpatient side as well."

The Lexington Center

The Lexington Beth Israel Hospital and Children's Hospital Medical Care Center represents just one example of the hospital's program of expanding its base beyond Boston. Opened in October 1993, as a convenient suburban outpatient facility, the Lexington Center offers a broad scope of services to families in the western suburbs who seek BI quality service but prefer not to travel into Boston for care. Its services include primary, specialty, and obstetric care for adults, specialty pediatric care and ambulatory surgery for both children and adults. It includes physical therapy, clinical laboratory services, and an imaging center that provides radiologic, fluoroscopic, ultrasound, and mammography services. The center is staffed by professionals from both hospitals. Beth Israel's part of the center houses several practices – obstetrics and gynecology, internal medicine, gerontology – and specialists in surgery, cardiology, dermatology, neurology, orthopedics, and psychiatry, among others.

Finding the Right Physician



Advertisements for The Beth Israel Doctor Line, a free service that helps individuals find a physician that meets their needs, continues to help spread the word about BI physicians and services.

Working Mother Magazine



Beth Israel was ranked among the best companies for working mothers for the eighth consecutive year.

Friends of Beth Israel Host Gala



The Friends of Beth Israel host a gala in honor of vice president for nursing and nurse-in-chief, Joyce C. Clifford, RN, for her 20 years of service at Beth Israel.

Research North

Underpinning every major step forward in clinical care at Beth Israel – whether the care is given at the bedside or on an ambulatory basis – is basic research. The opening earlier this year of the Research North facility, a few blocks from the main campus, has enabled the hospital to expand its base of biomedical research, a critical component in its growth. The hospital bought the former American Red Cross building at 99 Brookline Avenue, near Fenway Park, in late 1992. Renovations were completed early this year, providing over 110,000 gross square feet of research space.

Having adequate laboratory space has important benefits for the hospital. “The additional lab space has given the chiefs of service the opportunity to recruit principal investigators with new expertise and in new fields, expanding existing areas of research,” says Michael Lanner, director of research operations. “This move will broaden our programs and allow the hospital to increase its

research grant base. Research grants are harder to obtain today and to apply for a grant you have to show that you have the resources to carry out the mission.”

Occupying the three floors of Research North are the orthopedic biomechanics laboratory, a lab for producing transgenic mice, the experimental pathology research department, the gerontology research project, and the endocrine and obstetrics and gynecology research groups. Like the earlier Research East and Dana research buildings, Research North has a molecular computing facility, which provides BI researchers with access to genetic databases all over the world, and the tools for data analysis. The facility enables scientists to do the molecular modeling by computer that is necessary for modern biology research and for obtaining grants.

The hospital also will be acquiring the three top floors in the former English High School on Avenue Louis Pasteur for laboratory space. The building is owned by Harvard University and is presently undergoing renovations. Beth Israel will have a unique 99-year lease that will permit existing laboratories that now lease space elsewhere to consolidate while providing additional lab space for many clinical departments.

“Without research you’d never attract the top clinicians we have,” Lanner declares. “And in turn, the quality of our physicians enhances the hospital’s reputation and that attracts patients.” He predicts “we’ll see more collaboration with other institutions to work on ‘thematic’ problems – common scientific problems – with one or several other academic institutions, and also with biotechnical companies.” BI president Rabkin adds, “Quality at the bedside arises out of new knowledge acquired at the laboratory bench.”

Beth Israel's Annual Meeting Launches Capital Campaign



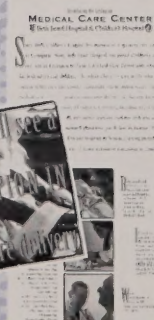
Beth Israel's major renovation/building project, *Invest in a Caring Future: The Campaign for Beth Israel*, was kicked off at the 78th Annual Meeting in October.

Above: Board of Trustees' chair Edward J. Rudman (left) with former chair Stanley H. Feldberg.

Hitting Home About the Medical Care Center



The community surrounding Lexington received several mailings about the variety of outpatient services at The Beth Israel Hospital and Children's Hospital Medical Care Center.



Beth Israel Events of Note

BI Among Supporters of New Roxbury Heart Center

In a collaborative effort to combat heart disease in the African American community, Beth Israel, New England Baptist, and Deaconess Hospitals have joined with the Roxbury Comprehensive Community Health Center (RoxComp) to create the "Roxbury Heart Center," a cardiac prevention and treatment center designed to treat medically at-risk inner city residents. BI is providing financial support, and cardiology and nursing coverage to the center which will offer a wide range of education, prevention, and diagnostic testing services on-site.

The Campaign for Beth Israel

Beth Israel's major renovation/building project, "Invest in a Caring Future: The Campaign for Beth Israel," was kicked off at the hospital's 78th Annual Meeting in October. The keynote speaker, Stanley H. Feldberg, former chair of the Beth Israel board of trustees and honorary chair of The Campaign for Beth Israel,

spoke of the campaign as providing the necessary resources for Beth Israel to sustain and build upon its excellence in patient care, teaching, and research.

The campaign goal of \$55 million also includes:

- The development of The Clinical Center, a state-of-the-art outpatient center that will provide Beth Israel patients with convenient, efficient, and "hassle-free" medical care, scheduled to open in 1996.
- Major renovations to existing offices, exam rooms, and administrative areas, allowing Beth Israel to move from presently leased off-site space.
- The construction of Research North – a new high-tech research facility that houses biomedical, transgenic, and biotechnology research.

Research North Opens

Beth Israel recently held an open house celebration for Research North, the new 110,000 square-foot state-of-the-art research facility located at 99 Brookline Avenue, on the site of the former American Red Cross building. Highlights of the event included remarks from Massachusetts Lieut. Gov. Paul Cellucci; Boston Mayor Thomas Menino; hospital president Dr. Mitchell T. Rabkin; and pathologist-in-chief Dr. Harold Dvorak. Tours of the facility included pathology, endocrinology and metabolism, and the orthopedic biomechanics laboratories.

Completion of the new building marked a milestone for "Invest in a Caring Future: The Campaign for Beth Israel," the hospital's major renovation/building project. "The opening of Research North has enabled the hospital to expand its base of biomedical research, a critical component of the natural growth of an institution which ranks high in the quality of its research," says Rabkin.

Beth Israel Preferred Care – The Quality Standard for Good Health

Beth Israel launched a new health plan option that will reduce costs for both employees and the hospital, while upholding the Beth Israel standard of excellence and convenience in health care benefits. The health plan, *Beth Israel Preferred Care – The Quality Standard for Good Health* – is an innovative partnership between Beth Israel Hospital and Pilgrim Health Care that encourages Beth Israel employees to use the excellent physicians and services at Beth Israel without restricting access to other providers and facilities that may be closer to employees' homes. "With its emphasis on managed care, this new health plan will help Beth Israel adapt to the upcoming national health care reforms," says Dr. Mitchell T. Rabkin, president.

BI Hosts Health Care Forums

Recently, employees, members of the medical and business community, and local media gathered at BI's Sherman Auditorium to hear Sen. Edward M. Kennedy speak on his views of President Clinton's health care reform plan. Following the public forum, Kennedy and his staff met with Dr. Mitchell T. Rabkin, president, and other Beth Israel senior staff members to discuss additional areas of major importance to academic medical and teaching hospitals for consideration in President Clinton's proposed health plan.

Earlier, in response to a request from Massachusetts Gov. William Weld, Beth Israel hosted a health care forum with Republican leaders. Dr. Rabkin served as moderator for panelists Gov. Weld, Lieut. Gov. Paul Cellucci, Republican Sens. Phil Gramm (Texas) and John McCain (Arizona), and Massachusetts Secretary of Health and Human Services Charles Baker, who discussed Republican proposals for health care reform. The panel included an hour of open discussion with members of the audience.

Hip Fracture Study in the News



Dr. Susan Greenspan, a specialist in bone and mineral metabolism in endocrinology at BI, received national attention for her study that looked at risk factors for hip fractures.

New Psychiatric Inpatient Unit Opens

Beth Israel recently opened a new 18-bed inpatient psychiatric unit that offers new services and a secure facility. With expertise in the areas of medical psychiatry, eating disorders, geriatric psychiatry, and an HIV program, the unit brings together specialized, multidisciplinary care for patients who have a primary psychiatric disorder. The new unit allows patients the freedom to participate in a variety of activities while feeling safe in a protected environment. Also, patients now can receive psychiatric treatment on the unit, while enlisting other medical care without leaving the floor, allowing for continuity of care.

Nurse-Midwifery Program Expands

Beth Israel recently expanded its Nurse-Midwifery Program in cooperation with several area community health centers, such as Bowdoin Street, Dimock, Little House, and Mattapan, as well as BI practices in Lexington and Chestnut Hill. Beth Israel nurse-midwives practice in these local communities and provide a wide range of services including annual physical and gynecological exams, prenatal care, teaching and assisting new mothers with breast-feeding, and caring for themselves and their families. "Midwifery emphasizes health, self-reliance, and taking control," says Teri Godena, RN, CNM (certified nurse-midwife), coordinator of Beth Israel's Nurse-Midwifery Program. Women who see Beth Israel nurse-midwives will deliver at BI.

Radiology Chief Appointed

Dr. Herbert Y. Kressel was appointed radiologist-in-chief and Miriam H. Stoneman Professor of Radiology at Harvard Medical School. Kressel was previously head of the magnetic resonance imaging section at the Hospital of the University of Pennsylvania. His research interests include the development and evaluation of high-resolution magnetic resonance imaging (MRI) techniques for the evaluation and staging of prostate, rectal, and cervical cancer.

BI's Leadership in Customer Relations

In 1994, Beth Israel was selected by the international consulting firm Arthur D. Little as one of 20 leaders in customer management to participate in a "Best of the Best" Colloquium on excellence in customer relations along with senior managers of American Express Company, Armor KONE Elevator Company, Hewlett-Packard Company, Knight-Ridder Financial, Inc., L.L. Bean, Inc., and Whirlpool Corporation. Highlights of the Colloquium will be published by Arthur D. Little.

Beth Israel Hospital's "Choose Nursing!" Program Featured on TV

Beth Israel's innovative program "Choose Nursing!" was featured on WBZ-TV Channel 4 with news anchor Liz Walker. The program recruits minority and low-income high school students to the nursing profession by providing students the opportunity to work with a nurse-mentor in a hospital setting. Now in its third year, the success of the "Choose Nursing!" program can be seen in the many students who have been accepted into baccalaureate nursing programs.

BI's Patient Rights Featured

WCVB-TV medical correspondents Dr. Timothy Johnson and Terry Schraeder co-reported a special series on patient rights on Channel 5. Most of the piece, which reflects on the first statement of patients rights drafted in 1972 by Dr. Mitchell T. Rabkin, president, was filmed at Beth Israel. It featured interviews with a variety of Beth Israel patients and medical staff.

Beth Israel Physicians Receive National Attention for Scientific Studies

Beth Israel Drs. Warren J. Manning, cardiologist and radiologist, Robert Edelman, radiologist, and Wei Li, researcher, were featured in *The Wall Street Journal*, *The Boston Globe*, and *The New York Times*, and on National Public Radio and local television stations for their study published in the *New England Journal of Medicine*, on the use of magnetic resonance imaging (MRI) to spot blockages in the heart's coronary arteries. The ability to image the coronary arteries noninvasively represents a potential advance in patient care by avoiding the risks and expense associated with contrast angiography.

Dr. Susan Greenspan, a Beth Israel specialist in bone and mineral metabolism in endocrinology, received national attention for her study that looked at the risk factors for hip fractures. Published in the *Journal of the American Medical Association*, the study found that the risk of hip fracture when an elderly person falls has as much to do with how they are built and how they fall, as with the strength of their bones. It also looked at preventive measures for those elderly individuals who are at risk for sustaining hip fractures.

Report to the Community

Beth Israel Hospital remains a strong and independent entity in today's rapidly evolving health care environment. While local and national developments have led some hospitals to combine their resources through mergers, Beth Israel has and will continue to build upon the strengths that make us unique. We are confident that this strategy will result in a broader range of services for patients, better ability to meet community needs, and a stronger position with payers. Our strategy entails two well-defined courses of action – building our network of primary care physicians and creating affiliations that clearly define Beth Israel as a key participant in an integrated delivery system.

We have had strong relationships with community physicians for many years. With primary care physicians emerging as the gatekeepers of health care services, we are focused on building our primary care network of physicians in the community. As part of this effort to increase the number of primary care physicians who are loyal to Beth Israel, we have developed a management service organization (MSO). This MSO will facilitate physicians' organizational and administrative needs such as site identification, lease negotiations, and systems development.

Beth Israel's history of establishing positive relationships with other providers is another strength upon which to build. Our partnership with Children's Hospital in Lexington is an excellent example of this. In addition, our long-standing relationships with community health centers provide financial, staffing, in-kind support, and admitting privileges for the centers. Such relationships serve to build Beth Israel's physician base in addition to benefiting the centers and their patients. Collaborative programs such as the Joint Center for Radiation Therapy and the Joint

Program in Neonatology allow us to share resources with neighboring hospitals while maintaining our own entity. We intend to extend our collaborative relationships with community hospitals, other teaching hospitals, community health centers, nursing homes, and life-care facilities in a way that will ensure our position in integrated delivery systems.

Perhaps our greatest strength is our ability to deal actively with changes in health care delivery and to keep sight of our mission to serve the community. Community outreach issues that have been in the public eye of late are those with which we have been actively involved for many years. This past year, we formed a board-level task force on community benefits specifically to examine how well we are meeting the needs of our communities and to develop effective ways to define the communities we serve, identify their needs, and develop programs that will meet these needs.

Previously-established programs and partnerships such as the Family Van (which provides care, health screening, counseling, and referrals to inner-city residents), Healthy Moms (which provides transportation to and from the hospital for pregnant women), and the High-Risk Perinatal Collaborative Program (which trains community-based registered nurses to identify and care for high-risk perinatal clients) continue to bring our services and resources to those who need them.

Several new initiatives went on-line this past year. Beth Israel's Certified Nurse-Midwifery Program originated in area community health centers and has expanded its services to patients in Chestnut Hill and Lexington. Nurse-midwives specialize in caring for women with normal pregnancies and providing life-long primary care for healthy women.

The Roxbury Heart Center, staffed in part by Beth Israel physicians and nurses, is a collaborative effort of Beth Israel, New England Baptist Hospital, Deaconess

Hospital, and Roxbury Comprehensive Community Health Center to address disparities in cardiac care for African Americans. The center is one of the first community-based programs in the country to serve medically high-risk communities, and demonstrates the potential for collaboration with teaching hospitals and community health centers.

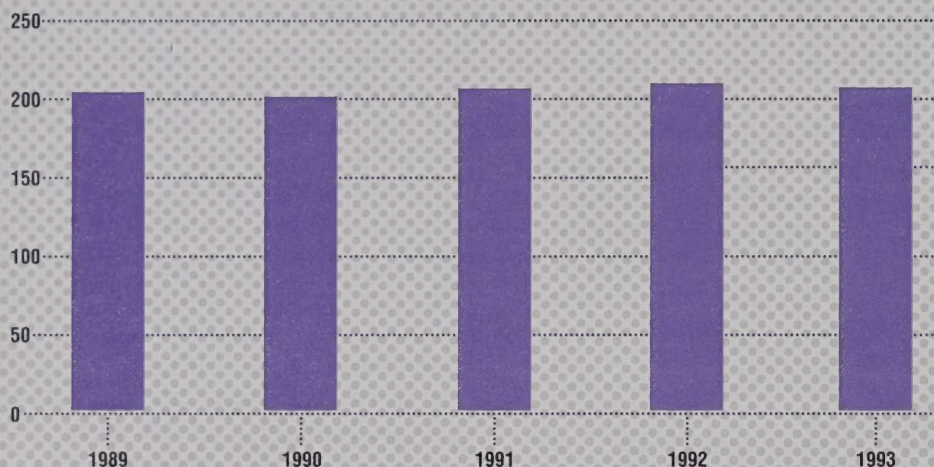
We also have brought our resources to the community by way of public educational forums such as the Beth Israel Hospital/*Boston Globe* Women's Health Series. This three-part series brought information about breast health, menopause, and heart disease to about 3,000 women in Boston and surrounding areas. In our newest patient community in Lexington, we have held two community health fairs that offered a variety of health information and free screenings.

At Beth Israel Hospital, we are well prepared to meet whatever challenges lie ahead. I am confident that our experience, foresight, community support, commitment, and willingness to initiate change will not only maintain our presence, but will ensure that we play an important role in shaping the future of health care delivery.

Edward I. Rudman
Chairman, Board of Trustees



Total Outpatient Visits (in thousands)



Summary Statistics*

	1993	1992
<i>Admissions</i>		
Adult.....	24,215	23,968
Newborn.....	5,426	5,675

TOTAL ADMISSIONS.....	29,641	29,643
------------------------------	---------------	---------------

.....This represents patients who were admitted to the hospital for care.

<i>Patient Days</i>		
Adult.....	133,409	142,248
Newborn.....	17,264	17,549

TOTAL PATIENT DAYS.....	150,673	159,797
--------------------------------	----------------	----------------

.....The total number of days all of our patients were hospitalized. The decline in patient days is due to a decrease in the average length of stay of our patients during 1993.

<i>Number of Outpatient Visits</i>		
Healthcare Associates, Women's Health Associates, Medical Walk-In Center	68,205	65,512
Specialty	82,557	85,888
Psychiatry	26,884	29,651
Emergency Unit.....	37,160	36,786

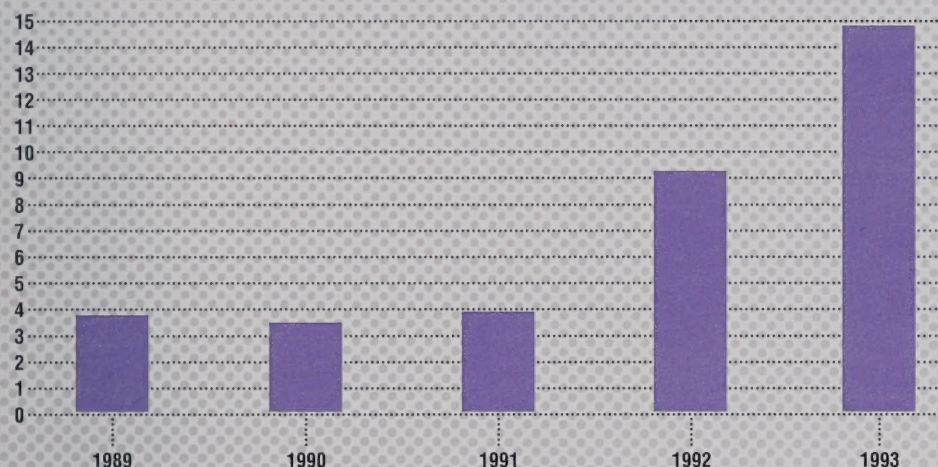
TOTAL OUTPATIENT VISITS	214,806	217,837
--------------------------------------	----------------	----------------

.....The number of patients who came to the hospital for outpatient care – in doctors' offices, for tests, or for procedures.

Number of Adult Beds Available.....	462	493
Number of Surgical Cases		
Inpatient	7,219	7,170
Outpatient.....	7,059	6,199
Number of Deliveries.....	5,339	5,456

*For the fiscal years ended September 25, 1993, and September 26, 1992

Total Restricted Gifts and Bequests (in \$ millions)



Statement of Restricted Gifts and Bequests Received*

(in thousands)

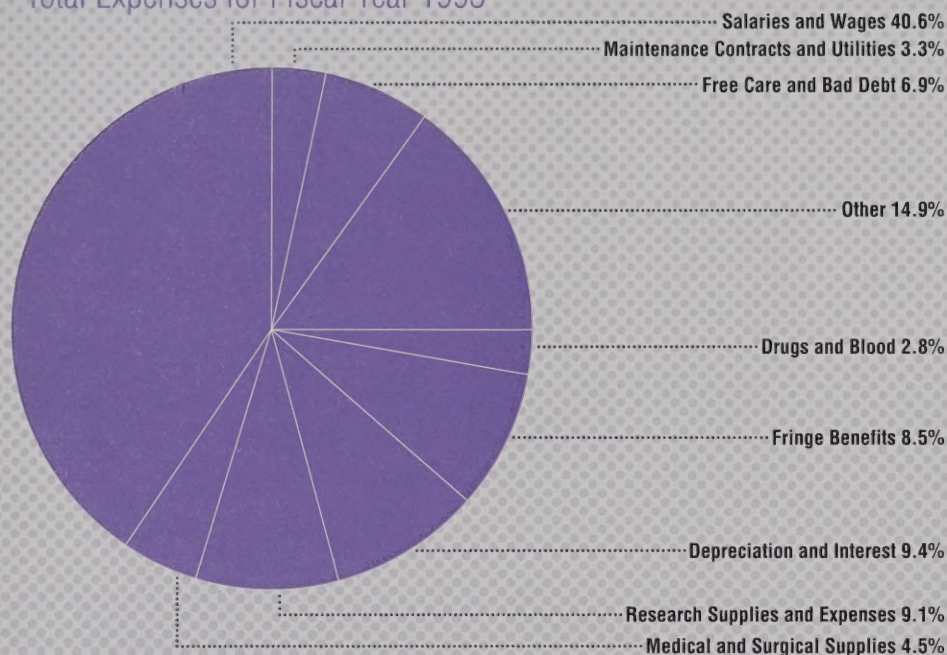
	1993	1992
<i>Restricted Gifts and Bequests</i>		
Endowment Funds.....	\$ 2,678	\$ 1,814
Plant Expansions and Development Funds New Pledges.....	11,703	7,003
Special Purpose Funds	504	437
TOTAL RESTRICTED GIFTS AND BEQUESTS.....	\$ 14,885	\$ 9,254

These are restricted funds donated to the capital needs of the hospital.

When a donor specifies a restriction to a gift, it is reported here and is then added to the principal amount in the appropriate category.

*For the fiscal years ended September 25, 1993, and September 26, 1992

Total Expenses for Fiscal Year 1993



Statement of Revenue and Expenses*

(in thousands)

	1993	1992
Revenue from Services to Patients.....	\$ 307,643	\$ 290,587
Other Operating Income.....	16,468	15,117
Research Support from Grants and Contracts.....	52,705	45,615
TOTAL INCOME.....	\$ 376,816	\$ 351,319

Operating Expenses.....	295,683	277,037
Research Expenses.....	52,523	45,612
Free Care and Bad Debts.....	27,865	25,793
TOTAL EXPENSES	\$ 376,071	\$ 348,442

GAIN (OR LOSS) FROM OPERATIONS	\$ 745	\$ 2,877
---	---------------	-----------------

Nonoperating Revenue

Contributions from Combined Jewish Philanthropies	100	100
Endowment Fund Income	1,297	1,240
Annual Appeal.....	1,099	1,057
Friends of Beth Israel	30	30
Unrestricted Investments.....	19	32
Investment Income	5,896	5,642

TOTAL NONOPERATING REVENUE.....	\$ 8,441	\$ 8,101
--	-----------------	-----------------

EXCESS OF REVENUE OVER EXPENSES	\$ 9,186	\$ 10,978
--	-----------------	------------------

These amounts are awarded to the hospital to fund specific research efforts. Almost 60 percent comes from the National Institutes of Health and the balance from private foundations, industry, and donors. More than 463 research projects were funded in 1993.

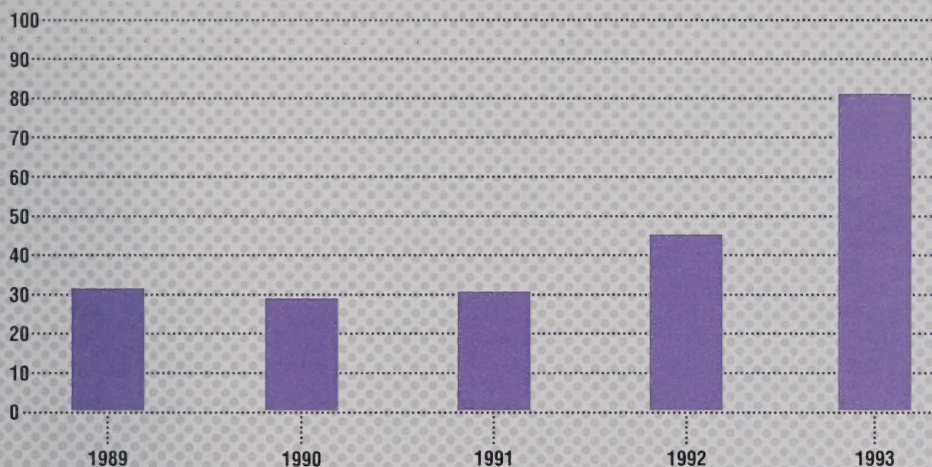
Also called uncompensated care, this represents the money not collected from patients because of their inability to pay (free care) or their unwillingness to pay (bad debts).

The gain is the balance of money remaining after all expenses have been subtracted from total income. Profits are reinvested in the hospital, strengthening it for the future.

This category of income includes the support we receive from various donors plus the earnings on any invested funds.

*For the fiscal years ended September 25, 1993, and September 26, 1992

Capital Expenditure (in \$ millions)



..... Increase is due to three major renovation and construction projects as well as an overall increase in equipment purchases.

Consolidated Balance Sheet*

(in thousands)

Assets

Cash and Other Investments

	1993	1992
Unrestricted.....	\$ 93,683	\$ 45,077
Accounts, Grants, and Pledges Receivable, Net.....	94,661	100,273
Held by Trustees.....	182,609	254,651
Restricted.....	82,492	69,117
Other Assets.....	19,247	20,852
Net Property, Plant, and Equipment.....	254,457	198,109

..... These dollars are currently due to be paid (by Medicare, Medicaid, insurance companies, health maintenance organizations, and individuals) for medical services already rendered. If we are not paid in a timely manner, the hospital must borrow money to cover its own costs.

TOTAL ASSETS..... \$ 727,149 \$ 688,079

Liabilities and Fund Balances

Accounts Payable.....	22,363	23,457
Notes Payable.....	5,029	5,062
Accrued Liabilities.....	15,707	14,546
Other Liabilities.....	56,746	47,287
Bonds Payable HEFA.....	375,201	378,482

Fund Balances

Unrestricted.....	78,035	58,116
Plant Fund.....	53,107	63,836
Special Purpose.....	26,151	22,702
Plant Expansion.....	43,313	29,598
Endowment.....	51,497	44,993

TOTAL FUND BALANCES..... \$ 252,103 \$ 219,245

..... These amounts allow us to keep equipment and buildings current – investments in our future.

TOTAL LIABILITIES AND FUND BALANCES..... \$ 727,149 \$ 688,079

*For the fiscal years ended September 25, 1993, and September 26, 1992

Beth Israel Hospital Board of Trustees

Officers

(Elected October 24, 1993, effective January 1, 1994)

Chairman of the Board
Edward I. Rudman

First Vice Chairman
Stephen B. Kay

Vice Chairman
Jordan L. Golding

Vice Chairman
Alan R. Goldstein

Vice Chairman
Alan W. Rottenberg

Vice Chairman
Robert M. Melzer

Secretary
Allan S. Bufferd

Assistant Secretary
Nancy L. Cahners

Assistant Secretary
Lois E. Silverman

Treasurer
Thomas H. Lee

Assistant Treasurer
Mone Anathan, III

Assistant Treasurer
Gerald Kraft

Trustees for Life

Alvin B. Allen
Stuart H. Altman
Mel A. Barkan
Alexander S. Beal
Leo M. Beckwith
Milton Berger
Joseph Bloom
Matthew Brown
Nathan Buchman
Allan S. Bufferd
Helene Cahners-Kaplan
David Casty
H. Todd Cobey
Julian Cohen
Arnold R. Cutler
Marshall A. Dana
Miriam Dane
Robert A. Danziger
Rashi Fein
Stanley H. Feldberg
Sumner L. Feldberg
J. David Fine
Franklin M. Fisher
Eugene M. Freedman
Frances Freedman
Orrie M. Friedman
Herman Gilman
Susan M. Ginns
Avram J. Goldberg

Ray A. Goldberg
Jordan L. Golding
Sadie Golub
Harriet W. Goodman
Rosalind E. Gorin
Bernard D. Grossman
Edward Guzovsky
Stanley J. Hatoff
Clifton E. Helman
Leo Kahn
Leonard Kaplan
▲ Thomas Kaplan
Arthur D. Katzenberg
Frank Kopelman
David I. Kosowsky
Gerald Kraft
Herbert C. Lee
Thomas H. Lee
Eleanor Leventhal
Norman B. Leventhal

► Albert I. Levine
Milton L. Levy
Doris S. Lewis
Theodore I. Libby
Edward H. Linde
Joseph M. Linsey
Henry T. Mann
Mitchell J. Marcus

► Nancy L. Marks
Sonia Michelson
Frank A. Morse
Richard P. Morse
Phillip J. Nexon
Bertram R. Paley
▲ Viola R. Pinanski
David R. Pokross
Irving W. Rabb
Norman S. Rabb
Robert E. Remis
Charles W. Robins
Col. Louis I. Rosenfield
Arnold Z. Rosoff
Melvin A. Ross
Alan W. Rottenberg
Howard Rubin
Edward I. Rudman
Robert Sage
Albert J. Sandler
William R. Sapers
Edward A. Saxe
Lee Scheinbart
Alan M. Schwartz
Hannah Schwartz
Louis Schwartz
Lawrence R. Seder

► Carl Shapiro
L. Dennis Shapiro
▲ George T. Shapiro
Samuel Shapiro
Frederic A. Sharf
Norton L. Sherman

► Edwin N. Sidman
► Richard Silverman
Wallace E. Sisson
Richard A. Smith
Eliot I. Snider
Herman Snyder
Burton S. Stern
► Elliot J. Stone
S. Sidney Stoneman
► Neil Strauss
Bertram C. Tackeff
Benjamin A. Trustman
Benjamin Ulin
Peter A. Ulin
Anna S. Ullian
Lewis H. Weinstein
Justin L. Wyner
Abraham Zaleznik
Carl S. Zimble
Mortimer B. Zuckerman

Honorary Member of The Board

Sophie Simons

Trustees

* Mone Anathan, III
David Auerbach
Bruce Beal
* Robert L. Beal
Theodore S. Berenson
George M. Berman
Martin S. Berman
Lisbeth Tarlow Bernstein
John G. Berylson
Stanton L. Black
Leo R. Breitman
* Alan Bressler
Paula J. Brody
Stephen L. Brown
Nancy L. Cahners
Ronald G. Casty
David S. Chapin, MD
Ann S. Clarkeson
* Phyllis Cohen
John T. Collins
* Myer Dana
Richard D. Driscoll
Ronald M. Druker
Edward Dugger, III
Norman S. Dunn
* M. Gordon Ehrlich
* Stephen Elmont
* Lora Nemrow Estey
Ruth B. Fein
Esther L. Feldberg
Jay L. Fialkow
* Steven S. Fischman
David Ganz
* The Hon. Gerald Gillerman
◆ Carol R. Goldberg

Leon D. Goldman, MD
* Alan R. Goldstein
Arthur L. Goldstein
Mark R. Goldweitz
Abraham Gosman
◆ Jerry R. Green
* Steven Grossman
John D. Hamilton, JR.
Linda A. Hill
Gerald J. Holtz
Matina S. Horner
Charles B. Housen
Edward C. Johnson, 3RD
* Mitchell Kapor
* Lynn B. Kargman
* Stephen Karp
Nancy G. Katz
* Stephen B. Kay
◆ Seth Klarman
Robert K. Kraft
Harvey C. Krentzman
* Raymond Kurzweil
◆ Althea Lank
Lawrence J. Lasser
* Alan L. LeBovidge
* Allyn L. Levy
Richard K. Lubin
Bruce M. Male
Edward I. Masterman
William F. McCall, Jr.
Robert M. Melzer
◆ Nancy Oriol, MD
* Jane Pappalardo
Jane Rabb
Richard A. Remis
* Manuel Rosenberg
Patti B. Saris
Roger A. Saunders
Rhonda S. Segal
Maurice Segall
Joel B. Sherman
Lois E. Silverman
◆ Carl S. Sloane
Mary Ann Snider
Martin P. Solomon, MD
Sherman H. Starr
Alan J. Tichnor
Sidney Topol
* Raymond Tye
Peter Van
◆ James Vorenberg
Stephen M. Weiner
* Stephen R. Weiner
Evan L. Weston
Joel B. Wilder
Benaree P. Wiley
* Stuart Zerner
Charles A. Zrakat

Sandra Kurson
*President, Friends of
Beth Israel Hospital*

Board of Trustees Committee Chairmen

Executive Committee
Edward H. Linde

Administrative Committee
Mitchell T. Rabkin, MD

Audit Committee
Gerald J. Holtz

Buildings and Grounds Committee
Robert Sage

Compensation Committee
Edward I. Rudman

Development Committee
Jay L. Fialkow

Finance Committee
Alan W. Rottenberg

Budget Subcommittee
Robert M. Melzer

Insurance Subcommittee
Louis Schwartz

Human Resources Committee
Alan R. Goldstein

Medical Conference Committee
Allan S. Bufferd

Medical Executive Committee
Kenneth A. Arndt, MD

Nominating Committee
Stephen B. Kay

Patents and Technology Transfer Committee
Edward A. Saxe

Public Affairs Committee
Lynn B. Kargman

► Newly elected
Trustees for Life
on October 24, 1993

◆ Newly elected
Trustees
on October 24, 1993

* Re-elected
on October 24, 1993

■ Deceased

Administration

Mitchell T. Rabkin, MD
President

David Dolins
*Executive Vice President
and Director*

Laura Avakian
*Vice President,
Human Resources*

Joyce C. Clifford, RN
*Vice President, Nursing
and Nurse-in-Chief*

Sandra L. Fenwick
*Vice President, Clinical
Services Planning and
Development*

Susan Galler
Vice President, Development

J. Antony Lloyd
*Vice President,
Corporate Communications*

♦ Maureen McCausland,
DNSc, RN
*Associate Vice President,
Nursing*

Francis J. Sullivan
*Vice President, Facilities
Planning and Engineering*

Eugene C. Wallace
Vice President, Finance

Malcolm S. Weiner
*Vice President, Clinical and
Support Services*

Phillip DiChiara
*Associate Vice President,
Clinical and Support
Services*

Jeffrey Murphy
*Associate Director,
Clinical Services*

Christine Hickey
Director, Public Affairs

Robert F. Messier
*Director, Management
Information Services*

Daniel C. Murphy
*Director,
Engineering Services*

Paul Rodliff
*Director,
Fiscal Services*

Sandra Slarsky
Director, Marketing

Maria Tarullo
*Director, Human
Resources Operations*

Susan Burns-Tisdale, RN
Director for Home Care

Ellen Liston, RN
*Director for Medical
Nursing*

James K. Mann, RN
*Director for Operating
Rooms and Allied Areas*

Jane Ruzanski, RN
*Director for Surgical
Nursing*

Anna Yoder, RN
*Director of Government and
External Professional Issues
for Nursing*

Jane B. Mayer
Director, Social Work

Rabbi Terry R. Bard
Director, Pastoral Services

David G. Freiman, MD
*Special Assistant to
the President*

Joan B. Greenfield
*Director, Office of
Community Relations*

Michael Lanner
*Director, Research
Operations*

James E. Lyddy
*Director, Office of
Science and Technology*

Joanne Marqusee
*Special Assistant to
the President*

Judith M. Taylor
*Director, Marketing
Communications*

♦ Effective May 30, 1994,
Vice President of Nursing,
Mount Sinai Hospital,
New York City

Chiefs of Service

Anesthesia and Critical Care
Edward Lowenstein, MD
Anesthesiologist-in-Chief

Dermatology
Kenneth A. Arndt, MD
Dermatologist-in-Chief

Medicine
Robert M. Glickman, MD
Physician-in-Chief

Divisions of Medicine

**Bone and Mineral
Metabolism**
Michael Rosenblatt, MD
Chief

Cardiology
James D. Morgan, MD, PhD
Chief

Clinical Computing
Howard L. Bleich, MD
Warner V. Slack, MD
Chiefs

Clinical Research Center
Alan C. Moses, MD
Director

Endocrinology
Jeffrey S. Flier, MD
Chief

Gastroenterology
Raj K. Goyal, MD
Chief

**General Medicine and
Primary Care**
Thomas L. Delbanco, MD
Harvey J. Makadon, MD
Chiefs

Gerontology
Jeanne Y. Wei, MD, PhD
Chief

Hematology/Oncology
Stephen H. Robinson, MD
Chief (Hematology)

Lowell E. Schnipper, MD
Chief (Oncology)

Immunology
Terry B. Strom, MD
Cox Terhorst, PhD
Chiefs

Infectious Diseases
Dennis L. Kasper, MD
Chief

Molecular Medicine
Robert D. Rosenberg, MD, PhD
Chief

Nephrology
Vikas P. Sukharme, MD, PhD
Chief

Pulmonary
Steven E. Weinberger, MD
Chief

Rheumatology
David E. Trentham, MD
Chief

Signal Transduction
Lewis C. Cantley, PhD
Chief

Viral Pathogenesis
Norman L. Letvin, MD
Chief

Neonatology
DeWayne M. Pursley, MD
*Director of Newborn
Services*

Neurology
Clifford B. Saper, MD
Neurologist-in-Chief

Nursing
Joyce C. Clifford, RN
Nurse-in-Chief

Obstetrics and Gynecology
Benjamin P. Sachs, MD
*Obstetrician/
Gynecologist-in-Chief*

Orthopedic Surgery
Stephen J. Lipson, MD
*Orthopedic
Surgeon-in-Chief*

Pathology
Harold F. Dvorak, MD
Pathologist-in-Chief

Psychiatry
Fred H. Frankel, MD
Psychiatrist-in-Chief

Psychology
Nicholas A. Covino, PsyD
Director

Radiation Oncology
C. Norman Coleman, MD
Chief

Jay Harris, MD
Clinical Director

Radiology
Herbert Y. Kressel, MD
Radiologist-in-Chief

Surgery
William Silen, MD
Surgeon-in-Chief

Divisions of Surgery

Cardiothoracic Surgery
Ronald M. Weintraub, MD
Chief

Dental Surgery
John J. Sexton, DMD
Chief

General Surgery
Michael L. Steer, MD
Chief

Neurosurgery
Howard W. Blume, MD
Chief

Ophthalmology
Frank G. Berson, MD
Chief

Otolaryngology
Marvin P. Fried, MD
Chief

**Plastic and Reconstructive
Surgery**
Robert M. Goldwyn, MD
Chief

Podiatry
Harry Z. Papazian, DPM
Chief

Surgical Oncology
Rosemary B. Duda, MD
Chief

Transplantation
Michael E. Shapiro, MD
Chief

**Trauma and Surgical
Critical Care**
Mitchell P. Fink, MD
Chief

Urology
William C. DeWolf, MD
Chief

Vascular Surgery
John J. Skillman, MD
Chief



Beth Israel Hospital Boston

Nonprofit Organization

US Postage

P A I D

Boston, Massachusetts

Permit No. 51616

330 Brookline Avenue, Boston, MA 02215

Beth Israel Hospital is a 452-bed nonprofit institution and a major teaching hospital of Harvard Medical School. A constituent agency of Combined Jewish Philanthropies.

The Beth Israel Health Information Line
The Beth Israel Doctor Line, 800-535-5356

Edward I. Rudman, chairman, board of trustees
Mitchell T. Rabkin, MD, president

Produced by Beth Israel Public Affairs
J. Antony Lloyd, vice president,
corporate communications

Executive editor: Christine M. Hickey

Editor: Deborah A. Smith

Writer: Suzanne Wymelenberg

Contributor: Peggy Egan

Design: Big Blue Dot

Photos: Beth Israel Anna and Samuel Pinanski
Media Production Services

© Copyright The Beth Israel Corporation, 1994.
All rights reserved. Material may be reproduced with written approval of the vice president for corporate communications and acknowledgment to Beth Israel Hospital Boston.

® The Beth Israel symbol is a registered trademark of The Beth Israel Corporation. All rights reserved.

Address Correction Requested

